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*Federal Communications Commission
445 12th Street, SW
Washington, DC 20554*

Delivered via the Electronic Comment Filing System <https://www.fcc.gov/ecfs/>

In the Matter of Promoting Telehealth for Low-Income Consumers (Connected Care Pilot Program)
WC Docket. No. 18-213

Dear commissioners,

The following is written on behalf of Arkansas' telemedicine network, Arkansas e-Link, and the University of Arkansas for Medical Sciences (UAMS) in response to the Federal Communications Commission (FCC) Notice of Inquiry (NOI) "Promoting Telehealth for Low-Income Consumers, WC Docket. No. 18-213."

Ever since the FCC Rural Health Care Pilot was launched in 2007, the University of Arkansas for Medical Sciences has aligned its efforts with the FCC. The FCC, in fact, gave Arkansas the boost it needed to create its 400+ site, cross-institutional telehealth network that operates today, serving patients in every county of our rural state. The Rural Healthcare Connect Fund has also assisted in accelerating the adoption of telehealth in rural Arkansas, making necessary bandwidth affordable. The FCC has been instrumental in making a profound impact on Arkansas' citizens by bringing healthcare into their hometown hospitals, clinics, and medical centers. Clearly, upon the announcement of an FCC Connect Care Pilot Program, UAMS immediately saw new opportunities to expand its clinical and geographic reach in this new age of last mile technologies with the steadfast partnership and assistance of the FCC.

UAMS created and manages the infrastructure by which all telemedicine is safely conducted by Arkansas' healthcare providers and educators: the statewide telemedicine network, Arkansas e-Link. To establish this statewide network, UAMS aligned over 400 healthcare and higher education partners in the state, including health departments, community health centers, hospitals of all sizes, two- and four-year colleges, and a multitude of other healthcare and education facilities to deliver clinical care and medical education using secure, real-time video technology. The network has become an essential utility among its members, who have woven use of this technology into their everyday patient and student encounters, with examples ranging from telemental health consultations to tele-colposcopy screenings. UAMS is just one of many hospitals, clinics, and educational facilities delivering care and education over this network; however, UAMS organizes, manages, and sustains the network by ensuring each eligible site has access to secure, FCC-discounted broadband connectivity; telemedicine technical planning and training; telemedicine equipment; and 24/7 telemedicine technical support. Further, by acting as the network's consortium leader on the FCC Healthcare Connect Fund, UAMS is generating over \$4 million in cost savings for its statewide members, the vast majority of which serve rural, medically underserved areas without the means to afford the cost of broadband.

UAMS and Arkansas e-Link value the opportunity to provide comments and observations to the FCC in support of its FCC Connected Care Pilot Program. Please see comments below, with numbering that correlates with NOI sections:

15. UAMS and Arkansas e-Link believe that sections U.S.C. § 254(b)(1), (2), (3), (6); U.S.C. § 254(h)(2)(A); and U.S.C. § 254(c)(1); 47 U.S.C. § 254(c)(3) support FCC authority to create a pilot program and waiver for advanced services and technologies as marketplace status evolves.

19. Rural areas have a particular need for telehealth services. These areas frequently experience greater rates of poverty, healthcare provider shortages, and poorer-than-average overall health statistics. The Mississippi Delta portion of the nation, which spans eight states, experiences numerous health and other disparities and is a prime target for telehealth services.

22. Telehealth services have been repeatedly shown to reduce travel costs for patients, particularly rural patients who must travel for needed care. Not only are fuel costs associated with such travel but, many times, patients must take time off from work, arrange and pay for childcare, and also pay for meals while traveling. Some may incur overnight stays when care is a significant distance from their homes. In a survey conducted with 89 high-risk obstetrical telemedicine patients in Arkansas, 68.7% of respondents reported they would have missed one workday if not for the availability of telemedicine consultation. Over 50% of respondents reported they would have incurred over \$150 in costs had they not been able to seek care through telemedicine. And 77.4% of respondents reported they would have traveled more than 70 miles to seek care had telemedicine consultation not been available. Of special note, nearly 28% of respondents were Medicaid recipients.

Additionally, many states must rely on contractual relationships with insurers to support the costs of telemedicine. The insurer will witness cost savings when fewer beneficiaries experience long-term, costly morbidities; improved management and triage of after-hours medical needs; and better monitoring that aims to prevent chronic illness or medical emergencies. A state Medicaid program is an ideal partner in these cases.

29. If the total funding availability could measure \$250 million, a number of grants ranging from \$1 million to \$20 million could greatly advance the proliferation of telehealth projects in rural areas of the United States. The FCC may detail how many small (\$1 to 5 million), medium (\$6 to 15 million), and large (\$16-20 million) awards are estimated. The size of the grants could be based on the size of the consortium applying. Also, to extend pilot funding, FCC should enable consortium in using evergreen multi-year contracts with telecom service providers that are eligible telecommunications carriers and/or have been awarded Connect America Phase I or Phase II geographies.

32. Selected projects should address lack of obstetrical providers, particularly in rural areas. As Commissioner Rosenworcel's statement in response to this FCC NOI points out, over half of rural counties no longer have delivering hospitals. She states that the United States "is the only industrial nation that has seen an increased rate of maternal deaths in the last several years," a trend that should be addressed and hopefully reversed by projects awarded under the future FCC Connected Care Pilot Program.

33. Priority should be considered for the following conditions:

- Statewide consortiums with evergreen multi-year contracts vetted by requests for proposals previously reviewed by the Universal Service Administrative Company (USAC) Rural Healthcare Connect Fund (RHCF).
- State/regional consortiums with evidence of successful management of telehealth pilots.
- Existing FCC Health Care Connect consortiums that propose services that can create new or expand existing healthcare services to patients served by all members of their consortium.

- Projects that extend the reach of statewide / regional consortiums' healthcare technologies into patients' homes.

35. Consortia participating in RHCF must meet the 51% rural rule, and thus would have the ability to unite urban healthcare specialists with rural areas of need, including rural hospitals, federally qualified health centers, and community mental health centers.

36. Consortia with telemedicine/telehealth applications delivering healthcare services via Medicaid reimbursement are in excellent positions to expand projects to sparsely populated geographies.

37. Please see the list of Arkansas' eligible telecommunications carriers (*Exhibit 1*), which includes 2019 awarded vendors. Centurytel, which did not bid in in the 2019 request for proposals in Arkansas, would be eligible for Connected Care Pilot Program funding. Additionally, any telecom service provider with a Service Provider Identification Number (SPIN) should be eligible to participate, with preference to Small Business Administration classified telecommunications providers.

38. Consortia with evergreen multi-year contracts vetted by request for proposals and previously reviewed by USAC RHCF have the existing processes and cost controls to increase expansion to unserved rural Medicaid and veteran populations. These consortia have the data collection infrastructure and partnerships in place to immediately operationalize FCC Connect Care Pilot programs upon award.

39. UAMS and Arkansas e-Link suggest a focus on Medicaid patients for the reasons mentioned in the NOI.

40. If the goal is increased access to telemedicine/telehealth, then whether a low-income American has or does not have broadband is immaterial. A Medicaid patient can have broadband and cellular service but be non-responsive with respect to healthcare provider treatment plans. As such, eligibility should be for all Americans in need of better access to health care and who have health disparities, chronic disease, or other health indicators that demonstrate a need for improved healthcare access and quality of care.

41. FCC should consider ongoing enrollment of participants in the FCC Connected Care Pilot Program as a means of better ensuring program adoption by current and future participants and allow the awardee to develop a means of sustainability. FCC should focus its required performance measures on data that can be collected within the grant period and reign the expectations of the program given the confines of a short grant period. Some conditions, like pregnancy, would need only a year or less to track maternal and birth outcomes in a given participant. Other conditions, like chronic diseases, can be tracked on a continual basis during the project period. Considering this, FCC should propose a project period that will allow ample time to not only implement the telehealth interventions but also allow time to measure impact, even if that impact is small. FCC should consider performance measures like the Health Resources and Services Administration uses for their Office for the Advancement of Telehealth grants, including measurements in increased access through saved travel miles, patient satisfaction and comfort in using health technology, cost impacts resultant from access to care and improved management of care, number of consultations given, number of patients treated, changes in knowledge acquired, etc. A significant impact on patient outcomes is often impossible over a short period of time; however, given this knowledge, the FCC can still require awardees to track patient outcomes keeping in mind that dramatic changes are often only seen over years and decades. Moreover, qualitative evaluations may also yield some valuable insights to the impact and future of the FCC Connected Care Pilot program, which could include patient interviews and focus groups. But, enrollment should be continual in the FCC Connected Care Pilot Program with performance measures collected on an ongoing basis throughout the

project period in order to promote adoption and sustainability and provide the FCC with a basis on the full impact of the funded program.

45. Ambulances and emergent after-hours care facilities should be eligible for pilot participation as an adjunct to a rural hospital.

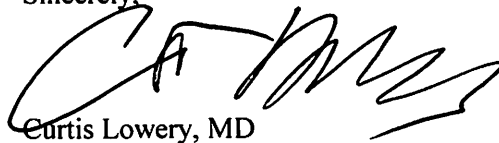
46. Yes, the pilot program should support equipment necessary for the effective use of the broadband service. Video equipment and “advanced technologies” such as Cisco Meeting and other HIPAA-compliant software platforms along with cellular, video routing, and security appliances should be included within the “network equipment necessary to make a broadband service functional in conjunction with providing support for the broadband service.” For consortium applicants, the RHCF also provides support for “equipment necessary to manage, control, or maintain a broadband service or a dedicated healthcare broadband network.”

51. A three-year or longer funding period would allow some time to implement the services and evaluate any changes in patient outcomes.

60. The direct recipient of Universal Service Funds should be responsible for grant administration, integrity, reporting, management, and sustainability. Funding for personnel to support the delivery of the Connected Care Pilot activities is imperative. Past pilots did not allow funding to support personnel and administrative support, causing countless hardships to recipients that had to pull from stretched-thin staffing to perform the grant and program activities. We appeal to the FCC to please incorporate funding for personnel in the Connected Care Pilot program. Lastly, indirect costs should be eligible for higher education and medical schools that participate.

On behalf of the University of Arkansas for Medical Sciences and Arkansas e-Link, we wish to extend our gratitude for this opportunity to offer our comments and insights in developing the FCC Connected Care Pilot Program. We hope to fully participate in such a program as the FCC moves forward.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Lowery', is written over a horizontal line.

Curtis Lowery, MD

*Founder, ANGELS and Center for Distance Health
University of Arkansas for Medical Sciences*

Exhibit 1

Index #	Provider Name	States Served	RFP 2019-0001 Vendor Bidder
4	Absolute Home Phones	AR	
7	Access Wireless	AR AL, AZ, AR, CA, CT, FL, GA, IL, IN, KS, KY, LA, MD, MI, MN, MS, MO, NV, NY, NC, OH, RI, SC, TN, TX, UT, VA, WA, WV, WI	
47	Arkansas Telephone Company	AR	
51	Assist Wireless	AR , MD, MO, OK	
52	Assurance Wireless	AR AL, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, OH, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI	
53	AT&T	AR AL, AR, CA, CT, FL, GA, IL, IN, KS, KY, LA, MI, MS, NV, NC, OH, SC, TN, TX, WI, Puerto Rico	Yes
54	AT&T Mobility	AR AL, AK, AR, ID, KY, LA, MI, MS, ND, OR, SD, TX, WA, WV	
102	Boomerang Wireless	AR , ID, IA, CA, KY, MD, MI, MN, MO, NV, OH, OK, PA, RI, SC, WA, WI, WY, Puerto Rico	
147	CellSpan Inc.	AR , MD, WV	
149	Cellular One	AR , IL, KY, MT, NM, UT, WI	
151	Central Arkansas Telephone	AR	
158	CenturyLink	AR AL, AR, AZ, CO, FL, GA, ID, IL, IN, IA, KS, LA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NC, ND, OH, OR, PA, SC, SD, TN, TX, UT, VA, WA, WI, WY	Yes

178	Cintex	AR , ME, MD, RI, WV	
231	Copper Valley/Valley Telephone	AR	
237	Cox Communications	AR , AZ, CA, CT, FL, GA, IA, KS, RI, NV, NE VA,	Yes
299	E. Ritter Telephone Company	AR	Yes
396	Global Connection	RFP Bidder AR AL, AR, FL, GA, KY, LA, MA, MI, MS, NC, SC, TN, TX	
545	Life Wireless	AR AZ, AR, CO, GA, IL. IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, OK, PA, RI, SC, UT, WA, WV, WI	
569	Madison County Telephone Co.	AR	
572	Magazine Telephone Company	AR	
643	Mountain View Telephone Company	AR	Yes
691	Northern Arkansas Telephone Company	AR	
770	Pinnacle Comm.	AR , OK	
787	Prairie Grove Telephone Company	AR	Yes
821	Rice Belt Telephone Co	AR	
829	Ritter Comm.	AR	Yes
858	Safelink Wireless	AR AZ, AR, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, OH, PA, Puerto Rico, RI, SC, TN,TX, UT, VA, WA, WV, WI	
904	South Arkansas Telephone Company (SATCO)	AR	Yes

918	Southwest Arkansas Telephone Cooperative, Inc.	AR	
936	StandUp Wireless	AR AZ, AR, GA, IA, KS, KY, LA, MD, MI, MN, MO, NE, NC, OH, PA, RI, SC, TX, UT, WV, WI, Puerto Rico	
976	TelOps International	AR , OK	
981	TerraCom Wireless	AR AZ, AR, IN, IA, LA, MD, NV, OK, TX, WV, WI, NE, CO, MN, Virgin Islands	
1018	True Wireless	AR , MD, OK, RI, TX	
1043	US Connect	AR , MD, WV	
1076	Walnut Hill Telephone Company	AR	
1112	Windstream Communications	AR AL, AR, AK, FL, GA, IA, KY, MN, MS, MO, NE, NM, NY, NC, OH, OK, PA, SC, TN, TX	Yes
1132	Yelcot Telephone Company	AR	Yes